FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600036582

GAINESVILLE RESTAURANT GROUP INC.

| e or business | Mailing Address | | | I | | |
|--|---|---|--|---|--|---|
| 5115 NW 39 AVE GAINESVILLE FL 32606 5115 NW 39 AVE GAINESVILLE FL 32606 | | | | | | |
| | | | | DO NOT WRITE IN THE | CDACE | |
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| | | | | 04/29/1996 | , | |
| lace of Business | 2a. Mailing Address | | | | | pplied For |
| | 26 | | | 59-3389897 | <u> </u> | lot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Additions | | |
| | 27 | | | J. Certificate of Status Desired | ` Fee R | Required |
| City & State City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| | 28 | | | Trust Fund Contribution | Added | I to Fees |
| Country | Zip | Countr | у | 8. This corporation owes the current year In | tangible | |
| 25 | 29 - 3 | 0 | | Personal Property Tax. | ☐Yes | X No |
| | t Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| | | 81 | Name | | | |
| REGAN, DONALD J | | _ | | 10 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| NW 36 DR | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | \ |
| | | 83 | | <u> </u> | | |
| | | " | | | | j |
| | | 84 | City | FI | 85 Zip | Code |
| | 0 1 CO7 4500 Flade Chattan | 150 050 | <u> </u> | | f changing it | e registered |
| egistered agent, or both, in the State (| of Florida. Such change was auti | horized by | / the corpoi | ration's board of directors. I hereby accept the appo | intment as r | egistered |
| | | | | • | | 1 |
| | | tegistered Age | ent signature re | | | |
| OFFICEDS AN | D DIOCOTODO | | | | いい いりをくて | ODS IN 12 |
| OFFICERS AN | ******* | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| PD | DELETE | 13. | T | ADDITIONS/CHANGES TO OFFICERS A | Change | |
| | ******* | _ | | ADDITIONS/CHANGES TO OFFICERS A | | |
| PD | ******* | 1.1 TITLE 1.2 NAME | ET ADDRESS | ADDITIONS/CHANGES TO OFFICERS A | | |
| PD REGAN, DONALD J | ******* | 1.1 TITLE 1.2 NAME | ET ADDRESS | ADDITIONS/CHANGES TO OFFICERS A | | |
| PD Regan, Donald J 4421 NW 36 DR | ******* | 1.1 TITLE 1.2 NAME 1.3 STREI | ET ADDRESS | ADDITIONS/CHANGES TO OFFICERS A | | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE | ET ADDRESS ST-ZIP | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME | ET ADDRESS ST-ZIP | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI | ET ADDRESS ST-ZIP ET ADDRESS | | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR GAINESVILLE FL 32605 | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- | ET ADDRESS ST-ZIP ET ADDRESS | | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR GAINESVILLE FL 32605 VP | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE | ET ADDRESS ST-ZIP ET ADDRESS | | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR GAINESVILLE FL 32605 VP YOUNG, DONALD G | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | 14501 NW 153 TE | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR GAINESVILLE FL 32605 VP YOUNG, DONALD G 110-NE-5TH-AVE | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS | | ☐ Change | Addition |
| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR GAINESVILLE FL 32605 VP YOUNG, DONALD G 110-NE 5TH AVE HIGH SPRINGS FL | DELETE DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS | 14501 NW 153 TE | ☐ Change | Addition Addition |
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| PD REGAN, DONALD J 4421 NW 36 DR GAINESVILLE FL 32605 TD REGAN, LAURE K 4421 NW 36 DR GAINESVILLE FL 32605 VP YOUNG, DONALD G 110-NE 5TH AVE HIGH SPRINGS FL | DELETE DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | 14501 NW 153 TE | Change | Addition Addition |
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| | Country 25 9. Name and Address of Curren NN, DONALD J NW 36 DR ESVILLE FL 32605 o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | GAINESVILLE FL 32606 ace of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country Zip 25 29 9. Name and Address of Current Registered Agent AN, DONALD J NW 36 DR ESVILLE FL 32605 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes agents agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | GAINESVILLE FL 32606 ace of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent AN, DONALD J NW 36 DR ESVILLE FL 32605 83 As of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agestered | GAINESVILLE FL 32606 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent AN, DONALD J NW 36 DR ESVILLE FL 32605 81 Name 82 Street A 83 84 City To the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named of registered agent, or both, in the State of Florida. Such change was authorized by the corpon familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registered Agent signature registered Agent signature registered agent. | AN, DONALD J NW 36 DR ESVILLE FL 32605 GAINESVILLE FL 32606 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed Q4/29/1996 4. FEI Number 59-3389897 5. Certificate of Status Desired City & State City & State Country Zip Country Zip Country AN, DONALD J NW 36 DR ESVILLE FL 32605 B1 City & State City & State City & State Country AN, DONALD J NAME AND Address of Current Registered Agent City City City Country AN, DONALD J NAME AND Address of Current Registered Agent City City City Country AN, DONALD J NW 36 DR City City City Country AN, DONALD J NW 36 DR City City City City Country Coun | 3. Date Incorporated or Qualified 04/29/1996 ace of Business 2a. Mailing Address 259-3389897 4. FEI Number 59-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-3389897 50-328 50-3389897 50-3389897 50-3389897 50-3389897 50-328 50-328 60-201624 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90051 033 ***150.00